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(Depositor's name	/ Staci Harris /
(Signature	Mai Harry
(Date	09/17/2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/613,707	07/11/2000	Claudia Lanari	P02004US0	1059

TITLE OF INVENTION: MOUSE MAMMARY TUMOR LINES EXPRESSING ESTROGEN AND PROGESTERONE RECEPTORS

APPLN, TYPE	SMALL ENTITY	ISSUE FI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	09/29/2004
EXAM	AINER	ART UN	T	CLASS-SUBCLASS		
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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			names of up agents OR, alt firm (having a	on the patent front page to 3 registered patent ternatively, (2) the name as a member a registered	attorneys or 1 of a single l attorney or 2 Fullbri	ght & Jaworski,
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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PTO/SB/17 (10-03)

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Moder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known **FEE TRANSMITTAL Application Number**

09/613,707 for FY 2004 July 11, 2000 Filing Date First Named Inventor Claudia Lanari Effective 10/01/2003. Patent fees are subject to annual revision. **Examiner Name** Not Yet Assigned Applicant claims small entity status. See 37 CFR 1.27 1632 Art Unit TOTAL AMOUNT OF PAYMENT 665.00 Attorney Docket No. HO-P02004US0 (\$) METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Credit Money Х Check Other None 3. ADDITIONAL FEES Deposit Account: Small Entity Large Entity Deposit 06-2375 Fee Fee Fee Fee Account Fee Description (\$) Code Number Code (\$) Fee Paid Deposit 1051 130 2051 65 Surcharge - late filing fee or oath Fulbright & Jaworski L.L.P. Account Surcharge - late provisional filing fee or cover 1052 50 2052 25 The Director is authorized to: (check all that apply) sheet. Charge fee(s) indicated below X Credit any overpayments 1053 130 1053 130 Non-English specification Charge any additional fee(s) or any underpayment of fee(s) 1812 2.520 1812 2,520 For filing a request for ex parte reexamination Requesting publication of SIR prior to 1804 9201 1804 Charge fee(s) indicated below, except for the filing fee Examiner action Requesting publication of SIR after to the above-identified deposit account. 1805 1,840 1805 Examiner action **FEE CALCULATION** 2251 1251 110 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month 1. BASIC FILING FEE Small Entity 950 2253 Large Entity 1253 475 Extension for reply within third month Fee Fee Fee Fee Description Fee Paid 1254 1.480 2254 Extension for reply within fourth month Code (\$) Code (\$) Utility filing fee 1255 2.010 2255 1,005 Extension for reply within fifth month 1001 2001 385 770 170 Desian filina fee 1401 330 2401 165 Notice of Appeal 340 2002 1002 2003 265 Plant filing fee 330 165 Filing a brief in support of an appeal 1003 530 1402 2402 1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1005 160 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 1453 1.330 2453 Petition to revive - unintentional 665 00 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1.330 2501 665 Utility issue fee (or reissue) Extra Fee from 480 1502 2502 240 Design issue fee Fee Paid Claims below **Total Claims** -20** 1503 640 2503 Plant issue fee Independent 1460 130 1460 130 Petitions to the Commissioner Claims 50 1807 Processing fee under 37 CFR 1.17(a) 1807 50 Multiple Dependent 1806 180 1806 180 Submission of Information Disclosure Stmt Small Entity Large Entity Recording each patent assignment per Fee Description 8021 40 8021 40 (\$) Code Code (\$) property (times number of properties) Filing a submission after final rejection 1202 2202 9 Claims in excess of 20 18 1809 770 2809 385 (37 CFR 1.129(a)) 2201 Independent claims in excess of 3 1201 86 43 For each additional invention to be 1810 770 2810 1203 290 2203 145 Multiple dependent claim, if not paid examined (37CFR 1.129(b)) 1204 86 2204 43 Reissue independent claims 1801 770 2801 385 Request for Continued Examination (RCE) over original patent Request for expedited examination 1802 900 1802 1205 2205 ** Reissue claims in excess of 20 of a design application 18 and over original patent Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 665.00 SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (713) 651-5407 Melissa W. Acosta 45.872 Name (Print/Type) Telephone (Attorney/Agent) Date Signature September 17, 2004

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER509325524US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 17, 2004

Signature: (

(Staci Harris)